

# Truro Rural District Council.



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## PUBLIC HEALTH REPORT

FOR 1925.

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A. R. FULLER, M.R.C.S., L.R.C.P., D.P.H.,

*Medical Officer of Health.*





# Truro Rural District Council.

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## **PUBLIC HEALTH REPORT, YEAR 1925.**

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*To the Chairman and Members of the  
Rural District Council of Truro.*

LADIES AND GENTLEMEN,

I beg to present my report on the Health and Sanitary conditions of your district during 1925, in conformity with instructions from the Ministry of Health.

### **NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.**

#### **Population :—**

The Census return for 1921 was 19,423.

The estimated population for 1922, 19,180.

The estimated population for 1923, 19,330.

The estimated population for 1924, 19,060.

The estimated population for 1925. 18,930.

The area of the district is 88,196 acres. In it there are 5,179 inhabited houses, families or separate occupiers.

Rateable value is £122,306.

Sum represented by a 1d. rate is £508 9s. 4d.

The district is almost entirely an agricultural one, and the inhabitants are everywhere occupied on the land. The out-door life and mild climatic conditions tend to lead to a healthy population living to a good old age. Against this however must be placed the fact that the low rate of wages earned by many of the workers leads to bad housing conditions, overcrowding and insufficiency of suitable food, with resultant ill effects on health.

## VITAL STATISTICS.

### Births :

	TOTAL	MALES	FEMALES
Legitimate	265	151	114
Illegitimate	15	12	3

**Birth Rate :** 14·4 per 1000 of the population.

	TOTAL BIRTHS	MALES	FEMALES	BIRTH RATE
1921	336	156	180	17·6
1922	292	152	140	15·2
1923	247	110	122	12·8
1924	258	134	124	13·5
1925	280	163	117	14·4

This is a low rate when compared with England and Wales as a whole for which the rate is 18·3. It is to be hoped that the slight increase in the last two years will be maintained. Several causes contribute to this low rate: housing shortage, low rate of agricultural wages as a whole and emigration of so many of the younger men to find employment:

The presence of the Rosemundy Home for unmarried mothers being in the district raises the rate of illegitimate births to the level of 54 per 1,000 births which is a big reduction from that of 93 for the previous year.

Male births exceed female by 46, a very exceptionally large difference.

### Deaths :

	TOTAL	MALES	FEMALES
	276	114	162

**Corrected Death Rate** 10·7 per 1000 of the population.

	TOTAL DEATHS	MALES	FEMALES	CRUDE DEATH RATE
1921	258	113	145	13·6
1922	274	149	125	14·3
1923	230	110	120	12·4
1924	268	112	156	14·06
1925	276	114	162	14·4

General Death Rate for England and Wales for 1925, 12·2, and this compares with a corrected death rate for the district of 10·7 per 1000 of the population, which allows for the large number of old people resident in the district, as compared with the crude rate.

The rate shows little change from that of last year both as regards number and distribution between the two sexes. Female deaths exceed male deaths by 48. The relative numbers of the two sexes are as 4 to 5.

The large excess of female deaths is again worthy of note especially with regard to heart disease, cancer and tuberculosis.

1 in 6 deaths are due to heart disease, 1 in 7 to cancer and 1 in 11·6 to tuberculosis in all its forms. These proportions do not show any marked change in the last 3 years.

Deaths from influenza total 5 as compared with 17 the previous year, the epidemic being comparatively mild.

Deaths of women in child birth	} from Sepsis	1
		from other causes

Deaths of Infants under 1 year of age :—

1922.	Legitimate 16.	Illegitimate nil.
1923.	Legitimate 12.	Illegitimate 2.
1924.	Legitimate 12.	Illegitimate 1.
1925.	Legitimate 12.	Illegitimate 3.

Death Rate per 1000 births 54.

This Infantile mortality rate is a low one and although higher than that of 1924, shows little change from the average of the 5 years. It is to be hoped that improvement even in this satisfactory figure can be brought about by improvement in the home surroundings.

**Deaths** from Scarlet Fever and Measles, all ages, nil.

Deaths from Whooping Cough, 1.

Deaths from Diarrhoea under 2 years of age, 1.

These figures are an improvement over those of 1924, especially in regard to whooping cough. The small number of deaths from diarrhoea being very satisfactory, when the warmth of the summer is considered.

These figures give rates as follows.

1925. Whooping Cough '05 (England and Wales '15) per 1000 of the population.

1925. Diarrhoea Enteritis under 2 years 3·5 (England and Wales 8·4) per 1000 births.



### Detailed Analysis of Causes of Death.

CAUSES OF DEATH.			MALES.	FEMALES.
1	Enteric Fever	...	1	
2	Small-pox	...		
3	Measles	...		
4	Scarlet Fever	...		
5	Whooping Cough	...		1
6	Diphtheria	...		
7	Influenza	...	4	1
8	Encephalitis Lethargica	...		
9	Meningococcal Meningitis	...		
10	Tuberculosis of Respiratory System	...	3	15
11	Other Tuberculous Disease	...	2	2
12	Cancer, Malignant Disease	..	13	23
13	Rheumatic Fever	...		
14	Diabetes	...	1	2
15	Cerebral Hæmorrhage Fever	...	6	10
16	Heart Disease	...	13	32
17	Arterio-sclerosis	...	10	5
18	Bronchitis	...	5	5
19	Pneumonia (all forms)	...	4	2
20	Other Respiratory Diseases	...	1	2
21	Ulcer of Stomach and Duodenum	..	1	
22	Diarrhœa, etc. (under 2 years)	...	1	
23	Appendicitis and Typhlitis	...		1
24	Cirrhosis of Liver	...		1
25	Acute and Chronic Nephritis	...	3	3
26	Puerperal Sepsis	...		1
27	Other diseases and accidents of Pregnancy and Parturition	...		2
28	Congenital Debility, Malformation and Premature Birth	...	4	5
29	Suicide	...	2	1
30	Other Deaths from violence	...	7	5
31	Other Defined Diseases	...	32	43
32	Causes Ill-defined or Unknown	...	1	
ALL CAUSES			114	162
Special Causes included above —				
	Polioencephalitis	...		
	Poliomyelitis	...		

**Poor Law Relief.** The amount of this relief is considerable, both as regards in-patient maintenance and out-relief. The following figures convey the best idea of the varying nature of the amounts :—

Year	1921	1922	1923	1924	1925
Total Maintenance	£4,503	£3,513	£3,027	£2,838	£3,039
Total Out-Relief	£7,738	£8,100	£7,842	£7,508	£8,010

These figures show a drop to 1924 and then an appreciable rise in 1925, in spite of the steady decline in the cost of living.

The difficulty of the period for the small holder and the low wages of the farm labourer have undoubtedly contributed to this and also the very slack time in the adjoining mining district to which many men used to journey to work daily.

The number of admissions to the Poor Law Infirmary during the five years is :—

Year	1921	1922	1923	1924	1925
Admissions	58	57	86	68	97

Many of these are cases of very elderly people who have no one to tend them and who need more continual attention and nursing than can be given by the district nurses.

A very considerable number receive gratuitous medical relief who are in receipt of out-relief and the number is rather more than previously.

### **HEALTH SERVICES IN THE AREA.**

i. Tuberculous. Tehidy Sanatorium near Camborne is available for the district. Three beds are also available at Didworthy Sanatorium for cases that live in the area.

ii. Maternity. Three beds are now to be available at the Women's Hospital, Redruth, for special cases where home or other conditions necessitate hospital treatment.

iii. There is no hospital subsidised or provided by the Local Authority or the County Council.

iv. and v. The Council has an Isolation Hospital situated near St. Agnes with 8 beds. This has been available for fever cases needing isolation up till about the last 2 years. Since then owing to the smallpox epidemic this hospital has been reserved for smallpox only. An agreement having been made with the Truro City Council whereby all cases of

infectious disease, other than smallpox, arising in the two districts are treated in the City Isolation Hospital and all cases of smallpox arising in the two areas are treated in Rural District hospital. This accommodation has so far proved adequate and been of benefit to the two districts.

The situation of the Rural District hospital makes it eminently suitable for dealing with smallpox cases.

vi. The Royal Cornwall Infirmary is available for medical and surgical cases.

During the period under review a Children's Ward has been added which is a great and much needed advance.

Institutional provision for unmarried mothers' illegitimate infants and homeless children is offered by the Truro Union Infirmary.

The Rosemundy Home, situated at St. Agnes, is for unmarried mothers and is supported by voluntary effort.

**Ambulance Facilities.** That belonging to the Home Ambulance Service of the Orders of St. John and British Red Cross Society, etc., stationed at Truro, is available for non-infectious and accident cases. This ambulance has to perform the work for the whole of the rural district and also the City of Truro. There is need of a further ambulance or ambulances placed in the outlying districts to deal with accidents and cases needing removal urgently to hospital. For infectious cases cars are hired and disinfected.

**Nursing Arrangements.** The district and parish nurses carry out the work of attending the sick. Additional assistance is available from the County Council's Emergency Nursing Staff for cases of ophthalmia neonatorum and also puerperal sepsis.

No special arrangements for measles. The district nurses are all supported by local, private and voluntary associations, the County Council making small grants to all the associations.

There are 18 midwives practising in the district, none of whom are employed by Public Health Authorities.

The Council has no treatment centres or clinics, the work being carried out by the County Council.

#### **PUBLIC HEALTH OFFICERS OF THE COUNCIL.**

Medical Officer. Part time, holds Diploma of Public Health, is also Parish Medical Officer, Perranzabuloe District of Truro Union, and Public Vaccinator for Perranzabuloe and St. Allen parishes of Truro Union.



Sanitary Inspector. Mr. E. R. C. Harvey, Associate Royal Sanitary Institute. Also appointed Meat inspector under the 1924 Public Health Meat Regulations, whole time.

Mr. H. L. Butler appointed Architect to the Council in charge of the Building Scheme now being carried out.

The salaries of the first two officers are contributed to by the Ministry under the Public Health Acts, or by Exchequer grants.

The Sanitary Inspector has worked untiringly during the past and previous years in an endeavour to cope with the enormous amount of work in the large and scattered area. Having previously to the past 6 months been in charge of the Council's building schemes, the getting out of plans and clerical work has continually occupied him till late at night. The tremendous increase in office work, especially in connection with the 1924 Public Health Meat Regulations, and all his other outdoor duties, has rendered it essential for there to be help either in the office or elsewhere.

**Laboratory Work.** The Clinical Research Association, Adelphi, London, carry on the necessary laboratory work for the Council.

In cases of extreme urgency specimens can be sent to the Redruth Rural District Council's Laboratory, Redruth.

A free supply of diphtheria anti-toxin is available for suitable cases.

Chemical analyses are carried out by the Public Analyst for the County, Benedict Kitto, of London.

Adoptive Acts, Bye Laws and Regulations relating to Public Health :—

Infectious Disease Prevention Act 1890. adopted 1898.

Public Health Amendment Act 1890, adopted 1893.

Public Health Amendment Act 1907, adopted 1913.

Such sections 'as are applicable to Rural District Bye Laws :—

- i. With respect to new buildings, 1st July, 1896.
- ii. With respect to cleansing of foot ways and the cleansing of earth closets, ash pits, privies, and cesspools, adopted 1914.
- iii. With respect to nuisances, adopted 1914.

- iv. Registration and Licensing of Slaughter Houses, Section 169 and 170 Public Health Act 1875, adopted 1924.

Regulations under the Dairies, Cowsheds and Milkshops Order 1895.

### **SANITARY CIRCUMSTANCES OF THE AREA.**

**Water.** There are three water undertakings in the district which are controlled by the council, i.e.

- i. St. Agnes.
- ii. St. Mawes.
- iii. Perranporth,

St. Agnes supply has a reservoir and also numerous stand pipes and supplies a large area of scattered population in addition to the villages of Blackwater, Wheal Rose, Mount Hawke, Goonbell and several other hamlets. This supply is a satisfactory and constant one and has been augmented during the past five years by pumping up to the reservoir from one of sources already used. This in spite of the number of new houses erected and supplied, the supply is adequate.

St. Mawes. The supply here is intended to be constant ; but owing to the insufficient storage capacity of the reservoir and the enormously increased use of water during the summer months, owing to the large influx of visitors, the supply has to be much curtailed. There are numerous stand pipes in the village. There is difficulty in getting further supply of good water, several possible sources not being of good quality. A much larger reservoir is urgently needed.

Perranporth. The supply was until recently sufficient, however with the very rapid growth of the place and the use of labour saving in the new houses, the present supply with the very limited storage capacity of the reservoir, 30,000 gallons, is entirely inadequate. There are numerous stand pipes in Perranporth, Bolingey and Penwartha Coombe, which are also supplied from the same source. Since 1921 the number of houses supplied has more than doubled, hence the very serious shortage. During the summer there is not sufficient water to flush water closets in the higher part of the place, a very serious state of affairs and steps are being taken to augment the supply, the matter is now before the Ministry, whose sanction for a loan is sought in order to carry out the work.

Devoran. There is an undertaking which is privately owned.

Portloe. The council have a small piped supply here. The majority of villagers draw from stand pipes, whilst about 12 houses have the water taken in.

In the other villages and hamlets in the district the supply is from wells, which are of good quality.

At the hamlet of Idless, Kenwyn, a well had to be closed on account of the Public Analyst, for the County of Cornwall, reporting adversely on a sample submitted for analysis. The council are now taking steps to secure a supply from another source.

In several cases the supply from wells has been improved.

At Calenick, Kea ; Trev-artha and Tregenna, Veryan ; the council has placed pumps over the wells, which have hitherto been dip wells.

At St. Just the council have sunk a well which will supply the greater part of St. Just Lane.

The water supply in the district as a whole is inadequate, some villages have only rain water stored in unsuitable tanks and barrels, and in a district where there is abundant rainfall and water, the supplies are unsatisfactory and a serious menace to the health of the community.

The extent of work carried out and improvements made are not commensurate with the needs of the district, especially on account of its rapidly increasing popularity for summer visitors. The matter is receiving and must continue to receive the attention of the Council for all parts of the area. Large storage capacity of reservoirs for certain districts, where the demand during the summer months is very great, would be of immense value, so that a constant supply may be available.

**River and Streams.** No cases of pollution have been before the council.

**Drainage and Sewerage.** There are sewage systems in the villages of St. Mawes, St. Agnes, Devoran, Porthscatho and Grampound Road.

Steps are being taken to remedy defects found in connection with the system at Grampound Road.

Elsewhere in the area the usual variety of arrangements for sewage disposal, common to truly rural areas exist.



The resulting conditions in some of the larger villages are extremely bad, especially is this so in places where soak-away pits are in use and the growth of the place is rapid.

Perranporth is almost entirely drained by soakaway pits and has so expanded as to be semi-urban in nature. Rows of bungalows have been built in close proximity to one another, hence this system is a serious menace to health. A drainage system is urgently needed to render the continued expansion of the place possible and to remove a grave menace to the health of those already living there.

Conditions which 5 years ago were moderately satisfactory are now, when the place has almost doubled in size, quite unsuitable.

In the larger villages, notably Tregoney, Probus, Portloe, Mount Hawke, Wheal Rose, Blackwater and Chacewater sewage schemes are long delayed.

During the year the Council have extended the sewer at Portscatho. At South Parade, Portscatho a new sewer with sea outfall was started, but owing to the long delay in getting the necessary sanction from the department concerned, work had to be abandoned until the spring of 1926, as it was found to be impracticable to construct the outfall during the winter months, owing to the exposed nature of the outfall.

Improvements have been effected in the sewer at Devoran.

**Closet Accommodation.** The privy is the predominant type of closet in the district. In all new buildings constructed during the past 5 years the w.c. or earth closet has, without exception, been installed. The Council demand separate closet accommodation for each house.

Conversion is not proceeding on any definite lines, but in about 20 instances during the year w.c.'s have been installed in substitution for privies.

The difficulty of conversion of this type is the lack of water for flushing purposes, as the Council insists on automatic flushing (water waste preventer) and sanction to such conversion is only given, if the Council are satisfied that adequate water is available for flushing, either from the supply of the particular village, or by means of storage, usually the collection of roof water.

**Scavenging.** There are no arrangements in the area for the collection of house refuse, the onus of disposal rests on each householder.



The Council have provided dumping grounds for house refuse for the villages of Perranporth, St. Agnes and Ladock, whilst at St. Mawes and parts of Perranporth there is a voluntary system of collection of refuse for which any householder who desires the removal of refuse pays a few pence for each receptacle emptied.

The question of instituting a weekly collection of house refuse in the larger villages has been brought before the Council on several occasions during the year and the matter was referred to the various Parish Councils concerned, who, without exception, considered such a scheme, if instituted, should be a voluntary one and not become chargeable to the rates.

Some improvement in the scavenging in the area has taken place in the last 3 years; however, conditions are still very unsatisfactory in many villages, the average farm labourer will not and can hardly be expected to pay for the removal of his house and other refuse, with the result that refuse collects in many unexpected and undesirable places and forms a breeding place for rats and flies and becomes a menace to the health of the inhabitants as a whole.

Some few cases of failure to cleanse ash pits have occurred and the visit of the sanitary inspector has resulted in the necessary steps being taken.

### **FACTORIES, WORKSHOPS AND WORK-PLACES.**

#### INSPECTIONS—

Premises	Number		
	Inspections	Written Notices	Prosecutions
Factories	8		
Workshops	64	17	
Work-places			
Total	72	17	

## Defects found in Factories, Workshops and Work-places.

Particulars	Number of defects.			
	Found	Remedied	Referred to H.M. Inspector	Prose- cutions
Want of Cleanliness	8	8		
Want of Ventilation				
Overcrowding				
Want of Drainage of floors				
Other Nuisances	5	4		
Sanitary Accommodation { Insufficient un- suitable or defective. Not separate for sexes.	4	4		
Total ...	17	16		

**Total Inspections For All Purposes ... 4,654**

Visits to Infectious Disease .. ... 58

Water Closets in place of Privies . ... 20

**Schools.** The sanitation of the Schools in the district is generally satisfactory. The majority have the pail system.

Action had to be taken in one case, that of Zelah School (which has the midden system), owing to irregularity in emptying,

The water supply is of several kinds, a few schools have water from the supply in the district, many others have to rely on pumps, and some on rain water.

Infectious diseases have been prevalent in most schools in the course of the year. School closure has only been adopted in the case of Scarlet Fever outbreaks at Tregoney and Gerrans. In the latter case no further cases arose; however, in the former no appreciable benefit appeared, the children and adults mixing elsewhere much as they chose, entirely neutralising the efforts made to check the disease by school closure.

## **HOUSING.**

**General Housing Conditions of the Area.** The conditions in the purely rural parts of the area are bad. This can be understood when one considers that many of these scattered dwellings have been built from 100 to 200 years. The structure of these dwellings is in so many cases unsuitable and undesirable judged by present day standards and should be closed if there were any other accommodation available. The shortage of housing suitable for the farm worker is general throughout the district and a very serious matter and one which plays a very important part in the health and morals of this section of the population.

The Council has purchased 8 houses at St. Mawes, 1 at Callestick and 1 at St. George's Hill, Perranporth, and put in them deserving tenants.

The Council have been encouraging private enterprise to build under the Housing Act of 1923, and have given a lump sum grant of £75 to approved applicants building in accordance with that Act. About 60 such grants have been made.

In addition the Council have a scheme to build 72 houses under the Housing Act of 1924 in various parts of the area. As a first instalment it is hoped to commence building about 20 houses in the coming spring.

The purely agricultural part of the population shows little change. Numerous young men, some of whom were miners, have gone abroad owing to lack of prospect of work here.

There has been and is still a steadily increasing number of people, of the middle classes especially, coming to reside in the district, especially at the small seaside resorts. Some are invalids and many have retired and come to live in the district on account of the equable climate and beauty of the surroundings. This is a matter of importance and is referred to under the question of overcrowding.

**Overcrowding.** Several cases of overcrowding have been brought to light during the year, but the Council have felt powerless to enforce its powers for abatement, as no other houses or accommodation are available.

In almost all cases of overcrowding investigated, the house has been occupied by members of the same family. In some cases on the seriousness of the conditions being made



clear to them, arrangements have been made for some members of the family to be accommodated elsewhere. However in many cases, besides those brought to notice, the overcrowding is serious and a menace to the health of the people concerned, especially in the old badly lighted and ventilated cottages.

In many parts of the area particularly near the coastline, the housing shortage and consequent overcrowding, is accentuated by the system of "House Farming," which is being indulged in. These "House Farmers" when a house becomes vacant, or in the market, offer a rental far in excess of that for which it was let previously, and which the native cannot afford to pay, or if sold in excess of its value.

A few bits of furniture are then placed around the house, which is let to visitors who in the summer pay anything up to 3 or 4 guineas a week for the privilege and ousting the native population.

Again many cottages have been sold to people who have retired from work or business in other parts of the country at figures far above the pockets of the native and in excess of the value of the property.

Thus the shortage of houses or cottages suitable for farm workers becomes progressively more serious, landlords much preferring to be rid of this type of property, especially when such high prices are offered for poor material.

A small step taken by the Council to counteract this was the purchase of the houses already mentioned which were obtained at what would appear to be a reasonable price.

The provision of new and up to date houses suitably situated is the best means to counteract these conditions, care being taken that they are only let to the most needy and genuine labouring class of tenant. This step the Council has been repeatedly urged to take and is now proceeding with its building scheme with all possible speed.

**Fitness of Houses.** Badly lighted and ventilated, and generally dilapidated houses, are numerous throughout the area, not only in the purely rural districts, but in the villages of Tregoney, Veryan and Portloe, parts of St. Agnes, Chacewater, Gerrans, St. Mawes and Probus. Back to back houses exist in all these places. If other accommodation were available steps would be taken for closing many of these buildings.



In a proportion of these cases the tenants have neglected the houses, but in many the owners have not carried out any regular repair of defects, as they have arisen, and now the following condition of affairs exists.

**Difficulties found in Remedying Defects.** It is found very difficult to get owners to remedy the more serious defects met with, as cottage property is not a remunerative investment in this area.

In the majority of cases in the scattered areas these cottages were let at from £4 to £6 per annum in pre-war days and where the owner has raised the rentals permissible under the Increase of Rent and Restriction Acts, he cannot afford to spend much in repairs and would if pressed by the Local Authority, to carry out the same, declare his intention to close the house as in 90% of such cases, it would be held that the house could not be reasonably made fit without reconstruction; and if on the other hand the tenant applied to the Court very few increases in rent would be upheld.

So little has been done, for so long, with regard to this type of property, that nothing short of an extensive amount of new building and closure of the old cottages will really improve the conditions.

The lack of adequate water supply and sewage disposal arrangements are now hindering the development of some of seaside resorts. Adequate water supplies and drainage are urgently needed to allow of the further development of these places. Cesspits nearer than 40 feet cannot be sanctioned as they have been, hence building will be restricted.

### **HOUSING STATISTICS FOR 1925.**

Number of new houses erected during the year :—

- (a) Total (including numbers given separately under (b) 50.
- (b) With state assistance under the Housing Acts :
  - i. By the Local Authority ... nil.
  - ii. By other bodies or persons 24

Unfit Dwelling Houses—

Number of houses inspected and recorded under the Housing (Inspection of District) Regulations, 1919, nil.

Remedy of Defects without service of formal notice, nil.

Action under Statutory powers, nil.

Proceedings under Public Health Acts.

- (1) Number of houses in respect of which notices was served requiring defects to be remedied, 84.
- (2) Number of dwelling houses in which defects were remedied after service of formal notice, 84.
  - (a) By Owners, 84.
  - (b) By Local Authority, nil.

Proceedings under sections 11, 14, 15, of the Housing Act, 1925.

- (1) Number of representations made with a view to the making of closing orders, 8.
- (2) Number of dwelling houses in respect of which closing orders were made, 8.
- (3) Number of dwelling houses in respect of which closing orders were determined, the dwellings having been rendered fit, 1.
- (4) Number of demolition orders, nil.
- (5) One house voluntarily demolished.

**SUSPENSION AND INSPECTION OF FOOD.**

**Milk Supply** generally adequate. No complaints have been made of the quality of the milk supplied in the district.

There are 117 registered cowkeepers whose premises are in many instances unsuitable for that of milk production. The redeeming feature is that nearly all dairy cattle are out all night, a procedure rendered possible by the mildness of the cornish climate. The most unsatisfactory premises are those of people who keep 3 or 4 cows, and milk production is more or less a side line in their livelihood.

**Mothers and Children.** A free supply is available for nursing mothers and children in necessitous cases.

No action taken as regards tuberculous milk or cattle.

Licencies :—1 for certified milk.

2 for grade A milk,

have been granted by the competent authorities to producers in the district.

**Meat.** It will be readily understood that in a district comprising 23 parishes and 88,000 acres in extent, that it is impossible for one Inspector to examine an appreciable percentage of these carcasses. However visits are paid whenever possible if slaughtering is taking place and the Inspector happens to be in the neighbourhood.

Diseased meat is buried with lime as near to the slaughter house as possible.

Shops and vehicles have been inspected and generally found satisfactory.

No public slaughter houses in the area.

Slaughter houses in the district :—

	1920.	January, 1925.	December, 1925.
Registered	31 (known)	50	50
Licensed	—	—	4
Total	31 (known)	50	54

Since the coming into force of the Public Health Meat Regulations, 1924, many of the slaughter houses have been structurally improved, and one notes a general desire on the part of the butchers to fall into line with the Regulations.

There are, however, several registered slaughterhouses which on account of their structural condition are far below a fair standard, and gentle persuasion is being used to raise the standard in these cases.

Since the 1924 Public Health (Meat) Regulations, notice of slaughter has been given in respect of 4,659 Pigs, in addition to slaughterings which have taken place in registered and licensed slaughter houses, at times other than those of the specified regular days and times.

**Bakehouses.** Inspection of these has been carried out and they have been found generally satisfactory.



**INFECTIOUS DISEASE.**

NOTIFIABLE DISEASES (other than Tuberculosis) during 1925

Disease	Total Cases Notified	Cases admitted to Hospital	Total Deaths
Small-pox ...			
Scarlet Fever ...	13	5	
Diphtheria ...			
Enteric Fever (including paratyphoid ...)	1	1	
Puerperal Fever ..	2		1
Pneumonia ...	3		1
Erysipelas ...	2		

No cause could be found to explain how the one fatal case of puerpural fever arose, the confinement was normal and the sanitary conditions of the house reasonably good.

Most of the cases of Scarlet fever were from Tregoney and occurred early in the year, being a continuation of the 1924 epidemic. The same remarks again apply, proper isolation is not available in most homes, those in the house are not willing to treat themselves as contacts and also that few of the cases can be removed to hospital, owing to the refusal of the parents in spite of the fact that in many cases they have neither the room nor means to treat them adequately.

Two cases occurring at Gerrans at the same time as the above epidemic and probably spread by a slight un-recognised case were at once removed to hospital and no further cases occurred. One further case was notified and at once removed to hospital, in which no contact with any human case had taken place, and the sanitary conditions of the house were satisfactory.

In most of the cases at Tregoney the houses were old and some delapidated, in three there was overcrowding and in almost all cases sanitary conditions were very bad.

The continued absence of Small-pox and Diphtheria is extremely satisfactory. No source of infection could be traced for the one mild case of Enteric fever notified.



Influenza has again been prevalent, and though less severe has caused five deaths, giving a death rate  $\cdot 26$  per 1,000 of the population which is appreciably lower than that for England and Wales '32.

Whooping Cough although prevalent in the early months of the year only gave rise to 1 death, giving a death rate of  $\cdot 053$  per thousand of the population, compared with  $\cdot 15$  for the Country as a whole, just about one-third.

Many cases of other infectious disease have come to notice, measles, chicken-pox and mumps; but have been mostly mild in character.

**Ophthalmia Neonatorum.** 1 case only has been notified and in this there was very satisfactory progress and recovery, with no impairment of vision.

During the 5 years, 1921-1925, there were two epidemics of diphtheria in 1921, but since the disease has been almost entirely absent from the area, therefore no use has been made of the Schieh test.

The small epidemics of scarlet fever have arisen at irregular intervals, and in most cases housing conditions and sanitation have been unsatisfactory, improvement in these would most certain benefit the health of those living under these conditions, and so lessen the risk of the disease arising.

As cases have been occurring in adjoining districts the possibility of the disease being introduced in this way cannot be excluded.

There is great difficulty in getting consent to the removal of cases to the Isolation Hospital, and when this is so and children and others come to and fro from a house where the disease is present, the value of school closure become very much lessened. This procedure has been adopted but rarely and then not with all the success that might be hoped for.

No cases of Malaria dysentery or Trench Fever have been notified but it scarcely seems probable that all the cases of pneumonia that occur are notified.

No vaccinations or revaccinations have been performed under the Public Health Regulations, 1917.

The epidemics of chicken pox, mumps, measles and whooping cough have been extremely widespread coming to areas in almost all cases from which they had been absent for several years, this was specially so with measles many adults contracting the disease. This must have been largely due to the transport difficulties in a sparsely populated agricultural districts.

Owing to the greatly improved transport facilities and greater tendency for older children to travel into the towns daily for their education, this state of affairs is not so likely to occur again.

One case of Encephalitis Lethargica made a good recovery under satisfactory conditions at home.

**Cancer.** The mortality from this disease shows no signs of decrease and remains very high. The ages chiefly involved lie between 45 and 70. There would not appear to be any one district in particular or any particular type or class of person; almost 1 in 7 die of this disease.

**Disinfection.** There is no disinfecting station or disinfectory in the district.

Disinfection of rooms and other articles is carried out with gaseous vapour, or by spraying.

Disinfectants are issued gratuitously to patients by the Council.

At times the value of a disinfectory would be considerable.

In such a widely scattered area a movable steam disinfectory would probably be of most value.

**TUBERCULOSIS.**

Age Periods.		NEW CASES				DEATHS			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F
0	...								
1	..								
5	...								
10	...								
15	...		2	1	1		1		
20	...	2	4		1		6		2
25	...	4	6			1	2		
35	...	4	3			1	2	1	
45	...	2					1	1	
55	...	1				1	3		
65 and over	...								
TOTALS		13	15	1	2	3	15	2	2

This gives a large increase in new notifications over 1924 31 as against 20. Whilst the number of deaths, 19, remains the same.

The percentage of cases notified before death is 81% as against 68% for 1924 and 50% for 1923.

All medical men in the area appreciate the need for early diagnosis and notification and are in close touch with the County Tuberculosis Medical Officer. The above figures testify to the improvement that has taken place. However, it is to be regretted that many patients delay so long in consulting a doctor and thereby lose valuable time and decrease their own chances of recovery as well as being a danger to others.

Improvements in the housing conditions of the poorer sections of the population are most urgently needed throughout the area. The old small windowed cottages, with the frequent overcrowding that exists, renders the spread of tuberculosis an easy matter and mitigate the efforts made to lessen its prevalence.

Under these conditions advanced and incurable cases return from sanatoriums and are crowded together with healthy and, in some cases, debilitated people. Some of these unfortunate people, sooner or later, fall victims to the disease.

Most tuberculous men and women are handicapped as wage earners and have perforce to take any accommodation available, which often leads to overcrowding and unhealthy conditions as mentioned above.

This again emphasises the need for improved and up-to-date housing conditions in the district.

A. R. FULLER, M.O.H.,

Truro Rural District Council.